MISSOURI CIRCUIT COURT, TWENTY-SECOND JUDICIAL CIRCUIT PROBATE DIVISION, CITY OF ST. LOUIS

AFFIDAVIT FOR COLLECTION OF SMALL ESTATE

STATE OF N	MISSOURI	}			
In the matter	r of:		No.		-
Com				, being duly sworn on	
Dec	eased				last residence address was f St. Louis, State of Missouri
Address		City	State	Zip	
died on the _	day of		,; that	the entire estate, less li	ens, debts and encumbrances, does
not exceed \$	\$40,000.00; that r	no application fo	or letters testame	entary or letters of admir	nistration or for refusal of letters is
pending or h	as been granted	; that all unpaid	debts, claims or	demands against the de	ecedent's estate and all estate taxes
due, if any, o	on the property tr	ansfers involve	d, have been or	will be paid except that a	any liability by the affiant for the
payment of u	unpaid claims or	demands shall	be limited to the	value of the property red	ceived; and that thirty days have
elapsed sinc	e the death of de	ecedent.			
□т	hat decedent ha	s left no will.			
□т	hat decedent left	t a will dated the	e day	of,	·
Affia	int further states	that the followir	ng are the NAME	S, ADDRESSES, and R	ELATIONSHIPS to the decedent of
the persons	entitled to the pro	operty of the de	cedent		
☐ pursuant	to the laws of de	escent and distr	ibution of the Sta	ate of Missouri, or	
pursuant	to the last will ar	nd testament of	the decedent:		
		Н	IEIRS/LEGATEE	S OR DEVISEES:	
<u>NAME</u>	RES	IDENCE ADDR	RESS	RELATIONSHIP TO DECEDENT	BIRTHDATE _IF MINOR

Affiant further states that the following is an itemized description and valuation of the property of the decedent, and the names and addresses of the persons having possession thereof:

		\triangle E DE	ROPERTY
11->(21P 1() XI	() - P +	()PFRIY

<u>VALUE</u>

NAME AND ADDRESS OF PERSON IN POSSESSION

Subscribed and sworn to before me this, day of	Affiant's Signature Affiant's Name (Typed)		
(Seal)	Street Address		
Notary Public	City State	Zip Code	
Notary Commission expires:	Telephone Number		
	Attorney's Sign	Attorney's Signature torney's Name (Typed) – MBE #	
	Attorney's Name (Type		
	Street Addres	Street Address	
	City State	Zip Code	
	Telephone	Telephone Number	